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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 118915 PIN# 4625-83-4957.1313 4625-81-5867 DATE June 21, 04

OWNER OR CONTRACTOR Crescent Resources dba/ The Point on Norman / Doug Dibble PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd Mooresville, N.C. 28117

LOCATION Brawley Sch Rd TL Yacht Rd TR Milford Circle on Right

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1313 LOT AREA .893Ac + .529Ac SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .3 SFE 1315-1313

Septic Tank: 1000+150 Gallons; STB 338 Date 11/8/06
Pump Tank: 1000 Gallons; PT 29 Date 12/27/05
Pump Make: GOULDS Model WEO-512HH5 Serial No. 10/27/05
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction on SFE
Repair System Description: PM/LP 25-50% Reduction on SFE
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

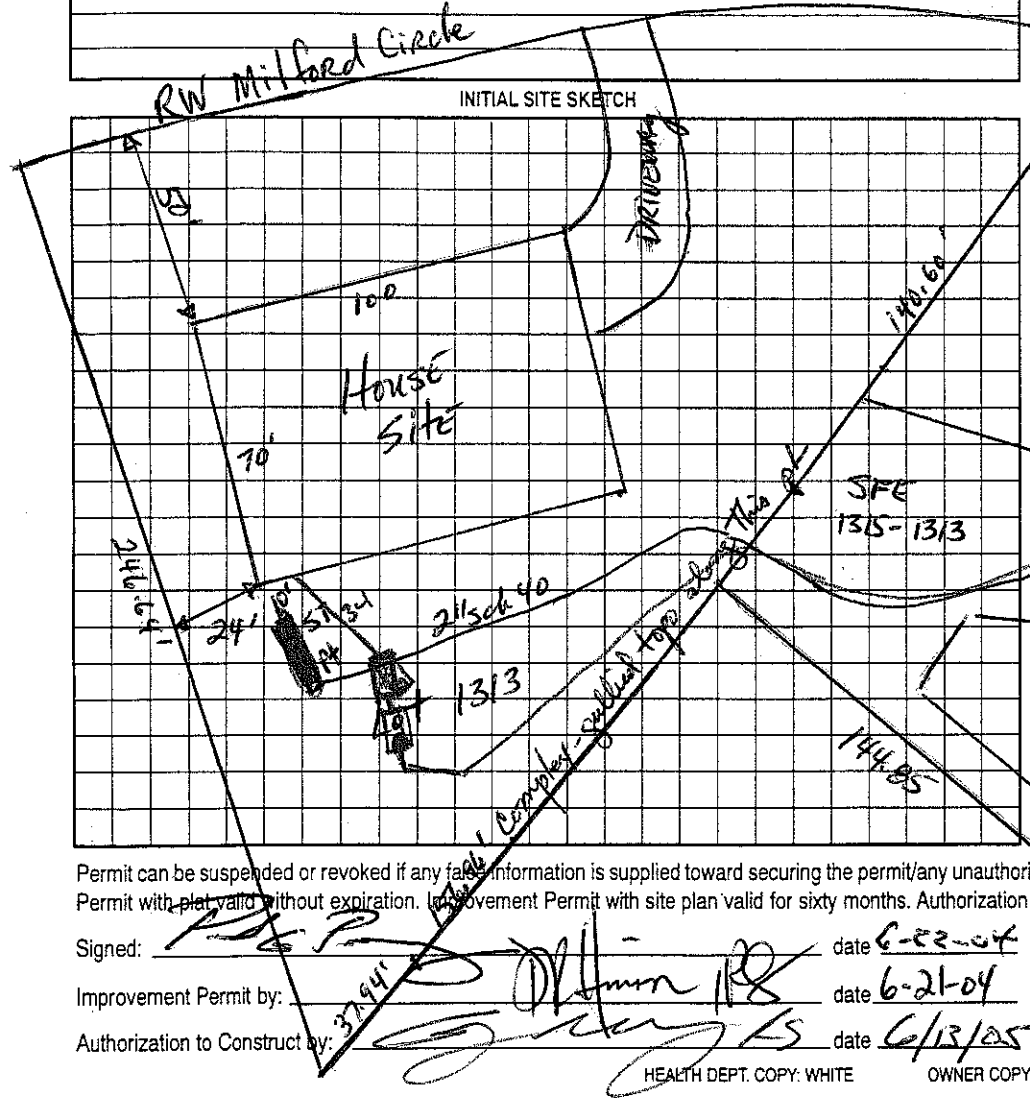
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

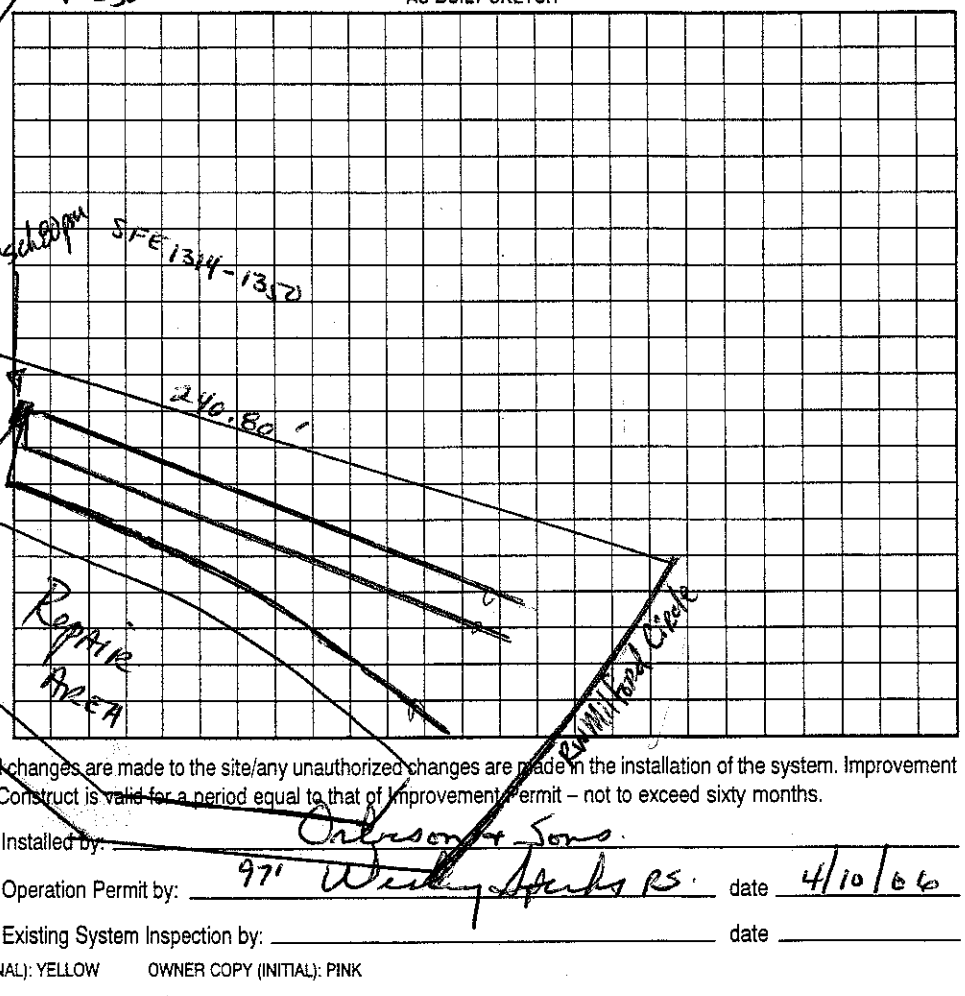
Comments:/Conditions: Drainfields

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-22-04 Installed by: Orberson & Sons

Improvement Permit by: _____ date 6-21-04 Operation Permit by: _____ date 4/10/06

Authorization to Construct by: _____ date 6/13/05 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK